

FORM 26. Docketing Statement**UNITED STATES COURT OF APPEALS
FOR THE FEDERAL CIRCUIT**

No. _____

v.
_____**DOCKETING STATEMENT**

This Docketing Statement must be completed by all counsel and filed with the court within 14 days of the date of docketing. When the United States or its officer or agency is a party, this Docketing Statement must be completed by all counsel and filed with the court within 30 days of docketing. All questions must be answered or the statement will be rejected.

Name of the party you represent _____

Party is (select one) Appellant/Petitioner Cross-Appellant
 Appellee/Respondent Intervenor

Tribunal appealed from and Case No. _____

Date of Judgment/Order _____ Type of Case _____

Relief sought on appeal _____

Relief awarded below (if damages, specify) _____

Briefly describe the judgment/order appealed from _____

FORM 26. Docketing Statement (continued)

Nature of judgment (select one)

Final Judgment, 28 USC 1295

Rule 54(b)

Interlocutory Order (specify type) _____

Other (explain; *see* Fed. Cir. R. 28(a)(5)) _____

Name and docket number of any related cases pending before this court plus the name of the writing judge if an opinion was issued _____

Brief statement of the issues to be raised on appeal _____

Have there been discussions with other parties relating to settlement of this case?

Yes No

If "yes," when were the last such discussions?

Before the case was filed below?

During the pendency of the case below?

Following the judgment/order appealed from?

If "yes," were the settlement discussions mediated? Yes No

If they were mediated, by whom? _____

FORM 26. Docketing Statement (continued)

Do you believe that this case may be amenable to mediation? Yes No

If you answered no, explain why not _____

Provide any other information relevant to the inclusion of this case in the court's mediation program. _____

I certify that I filed an original and one copy of this Docketing Statement with the Clerk of the United States Court of Appeals for the Federal Circuit and served a copy on counsel of record, this _____ day of _____, _____

by: _____
(manner of service)

Name of Counsel

Signature of Counsel

Law Firm _____

Address _____

City, State, ZIP _____

Telephone Number _____

FAX Number _____

E-mail Address _____